

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS           | ID NO. | DATE     |
|---------------------------|--------------------|--------|----------|
| FEE DETERMINATION         |                    |        |          |
| O.I.P.E. CLASSIFIER       |                    |        |          |
| FORMALITY REVIEW          | TH                 | 148-   | 11-30-01 |
| RESPONSE FORMALITY REVIEW | <i>[Signature]</i> | 100    | 2-1-02   |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date    |
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| Final    |         |
| Original | 9/14/03 |
| 1        | 2/2/04  |
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| Claim    | Date   |
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| Final    |        |
| Original | 7/4/03 |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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932-03-01  
 858  
 02/11/02